

INDEPENDENT ADOPTION FEE REDUCTION REQUEST FORM

LAST, FIRST	LAST, FIRST										
STREET, CITY, STATE, ZIP CODE	AREA CODE/PHONE NUMBER ()										
COUNTY OF RESIDENCE											
<p>In order to be considered for a fee reduction the following information MUST be attached to this request and received within 30 days, otherwise your request will be denied:</p> <ul style="list-style-type: none"> ✓ Copy of current filed 1040 Tax Statements/Returns ✓ Employment Verification (if employed) <p>PLEASE PROVIDE THE FOLLOWING INFORMATION:</p> <ul style="list-style-type: none"> ✓ TOTAL ANNUAL INCOME FROM <u>ALL</u> SOURCES: \$_____ ✓ NUMBER OF DEPENDENTS: _____ (include yourself, children under age 18 and child(ren) to be adopted) ✓ FINANCIAL ASSETS: <table style="width: 100%; margin-top: 5px;"> <tr> <td>Checking: \$_____</td> <td>Savings: \$_____</td> <td>Stocks & Bonds: \$_____</td> </tr> <tr> <td>Accounts Receivables: \$_____</td> <td></td> <td>Real Estate Total Equity: \$_____</td> </tr> <tr> <td>Life Insurance (cash value): \$_____</td> <td></td> <td>Other Assets/Resources: \$_____</td> </tr> </table> ✓ EXPLANATION OF WHY PAYING THE FULL FEE WOULD CAUSE ECONOMIC HARDSHIP TO YOU AND WOULD BE A DETRIMENT TO THE CHILD BEING ADOPTED (ATTACH PAGES, IF NECESSARY): 			Checking: \$_____	Savings: \$_____	Stocks & Bonds: \$_____	Accounts Receivables: \$_____		Real Estate Total Equity: \$_____	Life Insurance (cash value): \$_____		Other Assets/Resources: \$_____
Checking: \$_____	Savings: \$_____	Stocks & Bonds: \$_____									
Accounts Receivables: \$_____		Real Estate Total Equity: \$_____									
Life Insurance (cash value): \$_____		Other Assets/Resources: \$_____									
SIGNATURE OF REQUESTING PERSON	DATE										
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FOR CDSS/COUNTY USE ONLY:											
DO/County Office: _____ Completed by: _____ Date Petition Filed: _____ Court Petition #: _____ Worksheet Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Fee Reduction Amount \$ _____ <input type="checkbox"/> Denied Rational for Adoption Fee/Reason for Denial: _____ _____ _____											
Signature of DO/County Manager/Supervisor	Printed Name	Date									